



Iowa department of environmental quality

reply to Barbara Cook - Main Office
phone 515/281-8964

May 26, 1983

EPA
Joe Salter
Jack Conkley
File

Norplex Div. UOP
IAD 073 489 288

Mr. George Stunyo
Norplex Division
P.O. Box 1448
LaCrosse, WI 54601

RE: Certificate of Insurance

Dear Mr. Stunyo:

On May 23, 1983, this Department received copies of certificates of insurance from Mr. Stanford F. Hartman, Jr of Marsh & McLennon, Inc. in San Diego. These documents were to demonstrate compliance with the liability insurance requirements for hazardous waste activities at your Norplex Division UOP plant in Postville, Iowa.

Only interim status or final permitted hazardous waste facilities are required to demonstrate that they have adequate liability insurance under the hazardous waste regulations. On December 23, 1982, this Department terminated the interim status for the facility in Postville. The plant was reclassified to generator status.

If you have any questions on this matter, please don't hesitate to call.

Sincerely,

PROGRAM OPERATIONS DIVISION

Barbara Cook

Mrs. Barbara Cook
Air & Waste Permits Branch

BC:m1a/AWPW145F14.01

cc: *✓* Lyndell Harrington, EPA Region VII
DEQ Region 1
Stanford Hartman, Jr., Marsh & McLennon, Inc., San Diego, California



R00330148
RCRA RECORDS CENTER

EPA-ARWM/PMTS

MAY 31 1983

Region VII K.C., MO

Main Office: Henry A. Wallace Building, Des Moines, Iowa 50319

Regional Office #1
209 N. Franklin St.
Manchester 52057

Regional Office #2
509 S. President
P.O. Box 1443
Mason City 50401

Regional Office #3
401 Grand Ave.
P.O. Box 270
Spencer 51301

Regional Office #4
316 Walnut
Atlantic 50022

Regional Office #5
Henry A. Wallace
Building
Des Moines 50319

Regional Office #
117 N. 2nd Ave.
P.O. Box 27
Washington 52355

Marsh & McLennan, Incorporated
1940 Fifth Avenue, Suite 200
San Diego, California 92101
Telephone 619 234-0213

April 22, 1983

Larry Crane
IOWA DEPARTMENT OF ENVIRONMENTAL QUALITY
Hazardous Waste Section
Henry A. Wallace Building
East 9th & Grand
Des Moines, Iowa 50319

EPA ID# IAD073489288
CERTIFICATE OF INSURANCE

Dear Larry:

Due to changes in insurance carriers, we are enclosing three revised Certificates of Insurance evidencing coverage as follows:

- (1) Liability for Hazardous Waste Facility (sudden/accidental pollution)
 - (a) \$250,000 each occurrence and annual aggregate;
 - (b) \$750,000 each occurrence and annual aggregate excess of \$250,000 each occurrence and annual aggregate;
 - (c) \$2,000,000 each occurrence and annual aggregate excess of \$1,000,000 each occurrence and annual aggregate.

Very truly yours,

Stanford F. Hartman

Stanford F. Hartman, Jr.
Assistant Vice President

SFH/ig
Enclosures

cc: Maryellen Fletcher
The Signal Companies, Inc.

RECEIVED

MAY 23 10 46 AM '83

DEPARTMENT
OF ENVIRONMENTAL QUALITY

Iowa Department of Environmental Quality
Hazardous Waste Section
Henry A. Wallace Building
Des Moines, Iowa 50319

RECEIVED

MAY 23 10 46 AM '83

DEPARTMENT
ENVIRONMENTAL QUALITY

Attn: Lawrence Crane

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

1. Fidelity & Casualty Company of NY (the "Insurer"), of 100 Pine Street, San Francisco, California, hereby certifies that it has issued liability insurance covering bodily injury and property damage to Norplex Division, UOP, Inc. (the "insured"), of P. O. Box 445, N.E. County Road, Postville, Iowa, in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at EPA Identification Number IAD07348928; Norplex Division, P.O. Box 445, N.E. County Road, Postville, Iowa 52162 for sudden and accidental occurrences. The limits of liability are \$250,000 each occurrence and annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number SRL3634953 issued on 4/1/82. The effective date of said policy is 4/1/82.

2. The Insurer further certifies the following with respect to the insurance described Paragraph 1:

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).

(c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.

(d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

(e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

Stanford Hartman
Stanford Hartman

DATE: April 22, 1983

Assistant Vice President, Authorized Representative for Fidelity & Casualty Insurance Co.
Marsh & McLennan, Inc.
1940 Fifth Avenue, Suite 200
San Diego, California 92101

RECEIVED

MAY 23 10 46 AM '83

Attn: Lawrence Crane

DEPARTMENT
ENVIRONMENTAL QUALITY

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

1. Transcontinental Insurance Company, (the "Insurer"), of Chicago, Illinois hereby certifies that it has issued liability insurance covering bodily injury and property damage to Norplex Division, UOP, Inc. (the "insured"), of P. O. Box 445, N.E. County Road, Postville, Iowa, in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at EPA Identification Number IAD073489288, Norplex Division, P.O. Box 445, N.E. County Road, Postville, Iowa 52162 for sudden and accidental occurrences. The limits of liability are \$750,000 each occurrence and annual aggregate excess of \$250,000 each occurrence and annual aggregate, exclusive of legal defense costs. The coverage is provided under policy no. RDX2820502 issued on 4/1/83. The effective date of said policy is 4/1/83.

2. The Insurer further certifies the following with respect to the insurance described Paragraph 1:

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).

(c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.

(d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

(e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

Stanford Haftman

DATE: April 22, 1983

Stanford Haftman

Assistant Vice President, Authorized Representative for Transcontinental Insurance Company
Marsh & McLennan, Inc.
1940 Fifth Avenue, Suite 200
San Diego, California 92101

Iowa Department of Environmental Quality
Hazardous Waste Section
Henry A. Wallace Building
Des Moines, Iowa 50319

RECEIVED
MAY 23 10 46 AM '83
DEPARTMENT
ENVIRONMENTAL QUALITY

Attn: Lawrence Crane

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

1. International Insurance Company (the "Insurer"), c/o L.W. Biegler, 233 South Wacker, Chicago, IL, hereby certifies that it has issued liability insurance covering bodily injury and property damage to Norplex Division, UOP, Inc. (the "insured"), of P. O. Box 445, N.E. County Road, Postville, Iowa, in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at EPA Identification Number IAD07348928 Norplex Division, P.O. Box 445, N.E. County Road, Postville, Iowa 52162 for sudden and accidental occurrences. The limits of liability are \$2,000,000 each occurrence and annual aggregate excess of \$1,000,000 each occurrence and annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number 523118539-8 issued on 4/1/83. The effective date of said policy is 4/1/83.

2. The Insurer further certifies the following with respect to the insurance described Paragraph 1:

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).

(c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.

(d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

(e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States

Stanford Hartman

DATE: *April 22, 1983*

Stanford Hartman

Assistant Vice President, Authorized Representative for International Insurance Company
Marsh & McLennan, Inc.
1940 Fifth Avenue, Suite 200
San Diego, California 92101